

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SLEWETARY OF STATE

MAR 30 2020 M. SOLOMON

DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR A NONRESIDENT RESTRICTED-USE PESTICIDE LICENSE

PARTI		
Name and business address of nonresident: Addie Roberts		020 HAR
General Wellness		30
736 Hollow Ridge Drive Allen, TX 75002		
(COMPLETE EITHER #2 <u>OR</u> #3 - NOT BOTH)		
The name and Florida street address of the registered agent upon whom serv may be served in accordance with section 487.047, Florida Statutes is:	rice of pro	ocess
, FL		
Having been named as registered agent upon whom service of process may be a behalf of the undersigned, I hereby accept the appointment as registered agent a in this capacity.		
Registered Agent's signature:		
3. I. Addie Roberts , a nonresident, hereby a Florida Secretary of State as my registered agent upon whom service of process in accordance with section 487.047(2), Florida Statutes. Nonresident's signature:	ppoint the may be	e served
PART II		
I hereby acknowledge this document is being submitted to designate a registered registered office pursuant to section 487.047, Florida Statutes. Nonresident's signature:	d agent a	nd a
Date: 03/13/2020		
FEES: \$35.00 - REGISTERED AGENT DESIGNATION FEE (REQUIRED) \$52.50 - CERTIFIED COPY FEE (REQUIRED) \$87.50 - TOTAL DUE		
(MAKE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE)		
SUBMIT DOCUMENT AND CHECK TO: DIVISION OF CORPORATIONS		

NOTE: CONFIRMATION OF FILING AND A CERTIFIED COPY WILL BE RETURNED TO THE FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES.

RECEIVED

P.O. BOX 6327

TALLAHASSEE, FL 32314